

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/215194

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8	/					
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15	/					
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22	/					
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL	4					
TOTAL						
TOTAL						

	INO.		DEF.		INO.		DEF.		INO.		DEF.	
	INO.	DEF.	INO.	DEF.	INO.	DEF.	INO.	DEF.	INO.	DEF.	INO.	DEF.
61												
62												
63												
64												
65												
66												
67												
68												
69												
70												
71												
72												
73												
74												
75												
76												
77												
78												
79												
80												
81												
82												
83												
84												
85												
86												
87												
88												
89												
90												
91												
92												
93												
94												
95												
96												
97												
98												
99												
100												
TOTAL												
TOTAL												
TOTAL												

BEST AVAILABLE COPY

BEST AVAILABLE COPY